Kings Health Region

"New Beginnings"

Annual Report 2002-2003

Prince Edward Island
Health and Community
Services System

Table of Contents

Overview 1
- Board Members 2

Chair's Report 4

Chief Executive Officer's Report 6

Medical Director's Report 10

Organization Chart 12

Acute and Continuing Care – Montague 13
- Kings County Memorial Hospital 13
- Riverview Manor 16
- Home Care and Support 17

Acute and Continuing Care – Souris 19
- Souris Hospital 19
- Colville Manor 22
- Home Care and Support 24

Family Health Centre – Souris 26
- Public Health Nursing 27
- Healthy Communities in Action 29
- Diabetes Program 31

Community Health Centre – Montague 32
- Public Health Nursing 33
- Preschool Assessment Team 33
- Nutritionists and Dieticians 34
- Physiotherapy 34
- Occupational Therapy 35
- Speech Language Pathology 35

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Mental Health and Addiction Services 36

Child and Family Services – Montague 38
- Child Protection Team 38
- Social Assistance Team 39
- Job Creation and Employment Enhancement Programs 41
- Disability Support Program 42

Child and Family Services – Souris 44
- Child Welfare Program 44
- Social Assistance Program 45
- Disability Support Program 46
- Day Care Subsidy Program 47
- Employment Enhancement and Job Creation Programs 48
- Literacy Enhancement Program 49
- Preschool Assessment Team 49
- Speech Services 50
- Nutrition Services 50

Housing Services 52
- Seniors Housing Program 52
- Helping Hands For Seniors 52
- Family Housing 53
- Community Care Facilities 53
- Social Housing, Rural Housing and Rural Community Housing 53

Overview

An amendment to the *Health and Community Services Act Regional Authorities Regulations* created the Kings Health Region on November 9, 2002.

Over the past fiscal year the new Kings Health Region Board members were becoming familiar with regional operations, staff, policy direction and defining the mission and vision for the organization. The regional board includes a combination of elected and appointed members, accountable to the Minister of Health and Social Services. The Kings Health Region Board is responsible for setting and monitoring the policies that guide the organization. It must ensure all services delivered are accessible and adequate by having these services delivered at the local level. It must seek to match the services to needs of local residents in the region and it must seek advice from residents on their needs and the effectiveness of services and programs.

> *The mission of the Kings Health Region is to provide leadership to support, promote and encourage individuals, families and communities to attain and maintain their best possible health and well being.*

The core health services managed by the Kings Health Region Board include the Kings County Memorial Hospital and the Souris Hospital, Riverview and Colville manors, Seniors and Family Housing, Home Care and Support, Child and Family Services, Mental Health and Addictions, the Family Health Centre in Souris, and the Community Health Centre in Montague. The Family Health Centre includes physicians, public health nursing and the diabetes program. The Community Health Centre in Montague includes public health nursing, nutrition, occupational therapy, physiotherapy, speech language pathology, social work, and the preschool assessment team.

The Kings Health Region Board consists of members of our local community who offer expertise through their experiences as community representatives, occupational backgrounds, and community involvement.

Board Members

Michael Gallant, Chair (Georgetown)
Mr. Gallant works with the PEI Parks East. He is active in community organizations, locally and provincially, and was the chair of the former Southern Kings Health Region Board for over six years. He is also Mayor of Georgetown.

Westie Rose, Vice Chair (East Baltic)
Mr. Rose works with the Island Regulatory Appeals Commission. He was the chair of the former Eastern Kings Health Region Board and has held numerous executive positions with a variety of community organizations. He is currently an area organizer and director of the Heart and Stroke Foundation.

Tom Carver, Board Member (Alliston)
Mr. Carver operates a private business. He is the owner of Thomas Carver Ltd. which is a trucking and construction business. He served on the former Southern Kings Health Region Board since its inception in 1994.

Sherry Kascmarik, Board Member (Glenwilliam)
Ms. Kacsmarik operates a private business and is sole owner of S.K. Bookkeeping Services. She is past treasurer of the Eastern Eagles Soccer Association, and former Chair of St. Mary's Parish Council.

J. Lloyd Soloman, Board Member (Rollo Bay)
Mr. Soloman is a retired school teacher. He taught in Ontario and England, however the majority of his 34 years teaching career was spent at the Souris Regional High School. He is active in his church and the community. He especially enjoys working as volunteer in the Home Equipment Loan Program at the Souris Hospital.

Marian Trowbridge, Board Member (Bridgetown)
Ms. Trowbridge has been employed at Rodd's Brudenell River Resort for the past 27 years and is currently rooms division manager. She has been actively involved in several community organizations where she held various executive positions. She currently serves as a director on the Habitat for Humanity Board, secretary of Dundas Lions Club, and Zone Chair of Cardigan, Dundas, Morell and Souris Lions Clubs.

Henry Compton, Board Member (Bridgetown)
Mr. Compton is a retired potato farmer. He has served on several development boards, as well as numerous boards connected to the potato industry. He resides in Bangor with his wife Ada. They have three children and five grandchildren.

Kings Health Region Board
(Left to right, back row) Henry Compton, Westie Rose, Tom Carver, Lloyd Soloman. *(Left to right, front row)* Sherry Kacsmarik, Michael Gallant, Marian Trowbridge.

Chair's Report

New beginnings are always exciting, challenging, and rewarding. The rewards are based on the dedication of many to bring a vision of the future to reality. Over the past year the Kings Health Region established a new Senior Management Team, and achieved a full complement of board members.

The board for the Kings Health Region consists of both elected and appointed members. Members were provided a thorough orientation on the range of services provided by the Kings Health Region, and they also participated in provincial workshops to ensure they have the information they need to lead the organization effectively.

Sherry Kacsmarik is the local board representative assigned to the Advisory Board for the Provincial Health Services Authority (PHSA). The linkages to local regional boards will ensure effective lines of communication exist between the PHSA and the regions.

The Kings Health Region Board is responsible to represent residents of the local community of Kings County. Therefore the board has decided to host regular scheduled board meetings in local towns and rural communities throughout Kings County. A portion of each meeting is dedicated to listening to the concerns or issues identified by local residents with a commitment to followup on concerns raised.

Establishing clear direction is also an important mandate of the board. Therefore the board has completed the work necessary to create the mission and values statements for the organization. This work involved consultations with staff and community members to ensure the mission and values statements of the Kings Health Region truly reflect our "reason for being" and are achievable.

Kings Health Region Board has started to review and revise the polices of the former Southern Kings and Eastern Kings Health Region boards. This review is necessary to ensure that the board's policies meet the needs of the new region. Using the policies defined by the board as the foundation, Kings Health Region and its community partners completed an extensive Strategic planning exercise. This work will define the strategic direction for the region for the next three to five years. Each year the Kings Health Region's Annual Report will provide information on the progress achieved.

Quality health services are required to ensure the community maintains confidence in the Kings Health Region Board to lead the organization forward. Therefore the board approved a formal Continuous Quality Improvement Structure for the region. Teams throughout the region will be responsible for critically evaluating the services we provide and determining the best methods to continuously improve services. In May of 2004 a team of surveyors, from the Canadian Council of Health Services Accreditation, will visit the Region and provide an independent assessment of the quality of the services offered in the area. Results of their feedback will be provided in the fall of 2004.

Solid foundational blocks have been laid in terms of establishing community and health system connections, policy development, mission and values statements, a strategic direction, and methods to monitor our progress. This has meant tremendous commitment and dedication for board members, the chief executive officer and all the staff who work hard to meet the health needs of the residents of this community. I admire their spirit and determination especially during challenging times of "new beginnings."

Respectfully submitted,

Michael Gallant

Chief Executive Officer's Report

New beginnings for any organization bring challenges, as well as plenty of opportunities for growth and development. A new senior management team is now in place. Senior directors who have direct responsibility for care delivery are located in Souris and Montague. Staff who provide support services to the region work out of both locations.

In our first year as Kings Health Region we have had opportunities to capitalize on our combined strengths. The evaluation of the Preschool Assessment Team, located in Montague, confirmed that the team provides a valuable assessment service for children with identifiable delays in their growth and development. Parent satisfaction results indicate that 100 per cent of parents were satisfied with the assessment and followup they received. Child and Family Services, Souris office, established a similar team to ensure clients can access this service in their own community. The Eastern Kings Health Foundation Inc. supported the equipment needs of the new Souris Preschool Assessment Team.

Nutrition Services in both work sites have combined their knowledge and skills to promote healthy lifestyles. Planning for health promotion activities, heart health, and prenatal support for mothers is based on the results published in the PEI Nutrition Survey and the new Provincial Healthy Living Strategy. During Nutrition Month displays were located throughout all local worksites and in the community.

Kings Health Region staff and community newsletters are being published on a regular basis. Information and updates on activities, upcoming health promotion events, and services are distributed in a newsletter to all homes in the Kings Health Region. The community newsletter will be published on a quarterly basis.

Services throughout the region have been impacted by new technologies. All community-based services will eventually be using the Integrated Services Management (ISM) system for all their client information needs. A new Picture Archival Communication System (PACS) has been installed in the diagnostic imaging departments in Souris and Montague hospitals. PACS replaces the use of films and all images are computerized. This allows for immediate access by a Radiologist at the Queen Elizabeth Hospital.

Adjustments were required by all staff of Kings Health Region with the implementation of Waste Watch. Environmental Services identified that the region was able to achieve 85 per cent compliance within a few months of the October 1, 2002, Waste Watch effective date.

The Provincial Health System Strategic Plan speaks to the need for the health system to focus on primary care. Primary care involves ensuring access to a range of primary health services. Over the past year the Kings Health Region implemented the Diabetes Program, which provides diabetes management and nutrition counselling locally. PAP clinics, sponsored by Cornwall Medical Centre, are held on a regular basis in the Souris Hospital. The Best Start Program has been established in both work areas. This program provides supports for families with newborns up to the age of three years. The region is also expanding homecare services to include evening and weekend coverage, expansion of supports for the frail elderly and expanding palliative care services to residents of Eastern Kings.

Kings Health Region often faces the difficult challenge of recruitment to a rural community. Nursing and physician shortages continue to have an impact on the services we offer. The region works with the health recruitment professionals in the Department of Health and Social Services. We have also established a local community group in Souris to look for creative ways to ensure visiting candidates are welcomed, and receive the information they need to make a career choice to locate in our community.

The Kings Health Region also supports preceptorship experiences for students in the fields of nursing, social work, pharmacy, physiotherapy, nutrition, and public health, and Holland College graduates, as well as, health care future students during the summer.

The Kings Health Region is fortunate to employ skilled and competent staff to provide services to our residents. In order to stay abreast of the latest research and best practice within their area of expertise, staff require ongoing training and educational opportunities. Over this past year staff have acquired new skills to effectively use the new computer technologies being implemented. They have also taken training in palliative care, cognitive impairment, suicide prevention, advanced emergency procedures regarding cardiac care, pediatric trauma, acupuncture, and appropriate lifting procedures to reduce staff injury.

Communities throughout Kings County continue to support the health care equipment needs of our local facilities. Eastern Kings Health Foundation Inc. embarked on a very ambitious campaign to raise $250,000 during the upcoming year primarily for X-ray equipment and ceiling lifts in Colville Manor. Community support to date indicates that the foundation will reach their goal. Kings County Hospital Foundation Inc. recently purchased $177,000 worth of equipment for the hospital. The largest expenditure was 30 new electronic beds.

The pace of the past year can be best described as exhilarating, as a result of amalgamation of the two former health regions, the provincial restructuring, and the focus on health care at the national level. I wish to express my gratitude to all staff for their dedication and commitment over the past year as we worked to become one region. The board members are to be commended for their work in ensuring that high quality health care is accessible for the citizens of Kings Health Region. I also want to thank physicians in the region for their valuable contribution to health. Physician and nursing shortages have significantly added to the workload.

Last, but certainly not least, a tremendous expression of gratitude goes to our volunteers who give freely of their time and talents to improve the quality of life for residents at our manors, the sick in hospital or requiring support at home. Your combined efforts have ensured the transition to the new Kings Health Region has been as smooth as possible.

Respectfully submitted,

Betty A Fraser

Betty Fraser
Chief Executive Officer

Medical Director's Report

It has been my pleasure to serve as the medical director for the Kings Health Region for the 2002–2003 term. This has been my second term as medical director and it has been a very busy year as a result of the major changes involved in combining the Eastern Kings Health Region and Southern Kings Health Region to form the new Kings Health Region. The Eastern Kings Health Region did not previously have a medical director; and, as a result, the medical director for the Southern Kings Region assumed responsibility for the entire new Kings Health Region.

Although the medical staff at the Souris Hospital and the Kings County Memorial Hospital remain separate entities, there has been more communication and interaction among the new region's physicians with the amalgamation of the two regions. In Montague, the medical staff has welcomed a new member to its ranks, Dr. Cameron Bruce. Dr. Bruce has been a great addition to the community and we hope that he has a long and fulfilling career in the Montague area. Souris also welcomed two new physicians in the summer of 2002 – Dr. Peter Callahan and Dr. Damien Haworth. However, Dr. Callahan and Dr. Haworth only stayed for a short period of time before moving on to other opportunities. The physician complement in Souris has remained below the normal level of four full-time physicians since Dr. Callahan's and Dr. Haworth's departures, but the region has done an admirable job in attracting locum physicians to fill in until permanent replacements can be found.

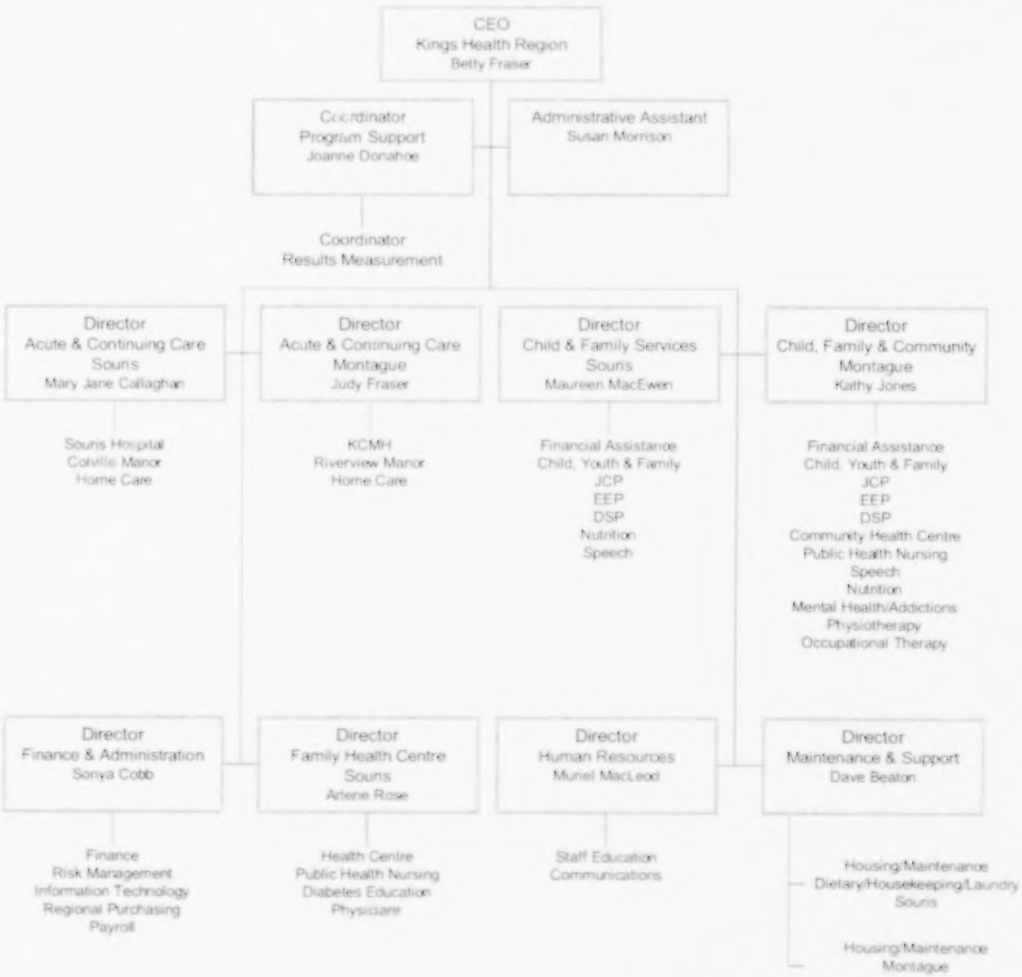
The medical staff in Montague and Souris have worked very hard over the past year. Our physicians remain committed to excellent patient care along with many other activities such as regional, provincial, and national committees, monthly medical staff meetings, and active involvement in the Medical Society of Prince Edward Island.

I have been pleased to serve as medical director over the past year. I would like to thank the chairman of the board, the regional ceo, and all of the board members for their interest and support. I would also like to wish my successor, Dr. Cameron Bruce, all the best in the coming year.

Respectfully submitted,

Bernard J. Holland, M.D.

Organization Chart



Kings Health Region Staff Complement

240	full-time permanent
222	part-time permanent
110	casual
12	full-time temporary
10	part-time temporary
594	**Total Staff**

Acute and Continuing Care – Montague

The Acute and Continuing Care, Montague division, of Kings Health Region consists of Home Care and Support, Kings County Memorial Hospital, and Riverview Manor. Those three areas provide a continuum of care which deals with many aspects of a person's needs.

Kings County Memorial Hospital

Role

Kings County Memorial Hospital (KCMH) is a 30-bed, acute care facility. The hospital is tasked with providing primary health care to the residents of the southern part of Kings and Queens counties, other residents of PEI as required, as well as visitors to the area.

KCMH provides services in general medicine, pediatrics, 24 hour emergency services, diagnostic services (laboratory, radiology), nutrition counselling, physiotherapy, and pharmacy services. Specialists that provide services at KCMH on a regular basis include a pediatrician, plastic surgeon, general surgeon, psychiatrist, geriatrician, orthopaedic surgeon, and an internal medicine/cardiologist. As well, the hospital has access to services of the Community Health Centre located on-site.

Highlights

One of the most exciting events to happen at the KCMH during the past year was the purchase of 30 electric beds for the in-patient unit. This was a very generous gesture by the KCMH Foundation Inc. and clearly demonstrates the foundation's support and understanding of the needs of patients and staff. The KCMH Auxiliary also contributed financially to this effort. The electric beds allow patients to electronically adjust the level of the beds to meet their comfort needs. Manual adjustments by nursing and support staff are no longer required.

New beds purchased through the KCMH Foundation allow patients to adjust the bed to suit their own needs.

Over the past year the KCMH Foundation Inc. contributed $177,755 to meet equipment needs for all departments in the hospital. Some additional items purchased include a laminar flow hood, intubation equipment, oxygen saturation machine, air pressure mattress, oxygen concentrators, wheelchairs, washing machine, microscope, and a pressure sprayer.

Locally we continue to be challenged with recruitment and retention of staff, especially in the nursing department. With the support and co-operation of all staff, physicians, and other health care providers, however, we were able to maintain and staff to our 30-bed capacity the majority of the time.

Health care future students in the summer, nursing students from UPEI, and students from other educational facilities were provided a wonderful learning experience of the reality of work life in a rural acute care facility. Student placements are also a great support to our staff.

Staff training continues to be a focus for our region. Many in-service training sessions have been held for all staff. KCMH Foundation Inc. has supported education and training expenses for staff, as well, spending approximately $13,000 in the past year to cover workshop registrations, replacement costs and other expenses.

The new Pictural Archiving Communication System (PACS) is operational across the province. It allows for easy, appropriate, access to important X-ray records. This is especially important in emergency situations.

Information technology continues to grow in several areas of the hospital. Internet access is now available for staff and physicians in the emergency room. PACS (Pictural Archiving Communication System) is a provincial system and has been implemented in our diagnostic imaging department. This means that X-rays are no longer a film based process, but are captured on computer. This new system means more efficient access and interpretation by the radiologists at Queen Elizabeth Hospital, which is especially important in emergencies.

In the past year we moved our Pharmacy to a larger area, closer to the in-patient unit at KCMH. This move improved accessibility for pharmacy and nursing staff. We have also purchased a laminar flow hood which allows our pharmacist to mix some medications in a sterile setting. Previously it was necessary for this process to be performed at the Queen Elizabeth Hospital. Pharmacists from local drug stores access the laminar flow hood equipment, as well, providing a valuable service to the community.

Kings County Memorial Hospital Statistics

Fiscal Year	2000-2001	2001-2002	2002-2003
Number of beds	30	30	30
Admissions	1,166	1,001	1,002
Patient days	10,552	9,683	9,223
Per cent occupancy	96.8%	88.4%	86.4%
Average length of stay (days)	9.1	9.7	9.2
Emergency Room visits	15,369	14,031	12,865

Riverview Manor

Role

Riverview Manor is a 50-bed, long-term nursing care facility. Through a multi-disciplinary team approach, care is provided to meet the many and often complex needs of the residents. One respite bed in the facility provides nursing care, on a short-term basis, for residents in the community. The respite service provides primary caregivers with a brief rest period to rejuvenate their energy, and subsequently allow the resident to remain in the community.

Highlights

Although the region is changing as an organization, the commitment to providing high-quality care remains the number one goal at Riverview Manor. Using a team approach, this goal is achieved and maintained. We continue to maintain full occupancy of our 50 beds at Riverview Manor.

Many staff work together to provide care to the residents. This care helps them meet not only their physical needs, but their spiritual and social needs as well. Some of the major events and activities include Christmas parties, birthday parties, a memorial service for residents, church services and prayer groups, BBQs on the deck, and musical entertainment. Families are always welcome, and encouraged to join us for regular and special events.

Many residents enjoy the company of local pets who visit the manor with their owners.

Volunteers from the community assist us with our programs and events. Our volunteers are dedicated people who volunteer on a regular basis to provide music, conversation and friendship to our residents. They are a valuable asset and we greatly appreciate their time. New volunteers and junior volunteers are always welcome to join with us in providing support to residents of Riverview Manor. Continuous improvements and capital expenditures are required to maintain a quality environment for residents. Renovations to the front foyer of the manor expanded the living and visiting space for residents. Staff have prepared for, set

up and implemented a very successful waste-management system, to dispose of all our waste according to the PEI Waste Watch Guidelines. New equipment purchased for the residents and staff in the last year include two electric beds, dressers and bedside tables, ice machine, digital camera, juice machine and new racks for the walk-in refrigerator.

Home Care and Support

Role

The Home Care and Support Program provides clinical and support services to assist the residents of the region in attaining and maintaining optimal health. Services include Home Care Nursing, Home Support, Palliative Care, Day Program, Adult Protection, Community Support, Dialysis, and Long Term Care Placement.

Highlights

In order to accommodate the needs of an ever-growing senior population, Home Care and Support offers a wide range of services to assist people to remain safely in their own homes. The Home Support Program provides direct in-home assistance to individuals who have difficulty in managing their own care needs. Families who are caring for a loved one with dementia often experience exceptional demands on their time and energy. The Home Support Program provides both in-home respite as well as a Day Program which operates two-days-per-week, six-hours-each-day.

Community Support Services links the client and family with community-based resources and services which may further enable the person to stay at home longer. Adult Protection Services is designed to protect vulnerable adults from various forms of abuse and neglect. The Adult Protection Worker conducts an investigation, provides assistance to the individual and makes referrals to other appropriate agencies, while protecting the rights and interests of the adult at all times. There has been a dramatic increase in the complexities of the adult protection cases that are now being reported. These complex cases often require much followup and ongoing monitoring.

The Palliative Care Program continues to maintain a complex caseload. We have a close working relationship with Southern Kings Hospice and other community groups. The region is working to provide enhanced supports for the palliative care program which will enable clients to remain in their home longer.

The Dialysis Program has remained stable with no increase in numbers for hemodialysis or peritoneal dialysis.

Along with the regular duties of the Home Care Program, staff have been involved in the roll out of the Integrated Service Management System. The early days of this computerized program has presented many challenges for staff but the potential for improving care coordination and improved client service has kept everyone moving forward.

Home Care and Support Statistics

Average Monthly Caseload	2000/2001	2001/2002	2002/2003
Nursing	220	210	210
Home Support	120	129	138
Palliative Care	10	8	8
Adult Protection	4	4	4
Day Program	22	18	12

Nursing Home Placements

Fiscal Year	2000/2001	2001/2002	2002/2003
Riverview Manor	12	21	10
Dr. John Gillis	21	10	21
Other	5	7	8
Total	38	38	39

Acute and Continuing Care – Souris

The Acute and Continuing Care, Souris division, of Kings Health Region consists of Home Care and Support (including dialysis), the Souris Hospital and Colville Manor. We also partner with non-government organizations such as Bayview Lodge to ensure continuum of care and services for residents of Eastern Kings.

Souris Hospital

Role

The Souris Hospital is a 17-bed (plus one observation bed) hospital. It was designed to ensure easy access to primary health care services for approximately 7,500 residents primarily from Eastern Kings, as well as visitors to the area.

Souris Hospital has achieved success in nursing recruitment efforts through "return-of-service" agreements.

We have acute care, 24 hour emergency, laboratory and diagnostic imaging, physiotherapy, occupational therapy, and pharmacy services located on the upper level. Located on the lower level we have our local Family Health Center. This service includes physician services, home care and support, the diabetes program, public health nursing, and dentistry. Bi-monthly visiting specialist services include; a local optometrist, a podiatrist, and a pap clinic.

Highlights

Recruitment and retention of nurses requires considerable attention, although we have had success in this area. Three new graduate nurses from the PEI School of Nursing and one from St. Francis Xavier University have assisted us in maintaining a high level of service over the spring and summer. Two graduate nurses have return-of-service agreements with Souris Hospital for the next two years under the provincial Nursing Recruitment and Retention Strategy.

In the past year, we have been able to offer preceptor experiences to students in the fields of nursing, pharmacy, physiotherapy, Holland College administrative assistants, and nutrition. Each year we hire students through the Health Care Future Initiative. Nursing staff have been able to mentor nurses re-entering the work place. Staff are not paid for these services and do this on their own time. They report personal growth, high satisfaction and contribute to recruitment and retention through their efforts.

We are planning to purchase and train staff on a new cardiac monitoring system for the hospital. This will be a major purchase and we are grateful for the efforts of the Eastern Kings Foundation Inc. for assisting us in securing funds for the equipment. We have recently purchased ceiling lifts for two rooms, a new oxygen saturation monitor, intubation equipment, and wheelchairs. The local Ladies Auxiliary provided financial support for the wheelchairs.

The existing nursery has been renovated into a charting room. This allows nursing staff and physicians privacy, freedom of distractions and protects confidentiality. As well, a new pharmacy was built, renovating a storage area. This allows patients to meet with the pharmacist privately to receive counseling, in an area free of distraction.

Renovations improve space and confidentiality required for patient charting.

The emergency department staff participated in extensive training and education on the Canadian Triage Acuity Scale (CTAS) National Guidelines. The CTAS Guidelines assist us in prioritizing care appropriately in the ER. The guidelines are reflective of the needs of hospitals of similar size and serving similar populations. Supplies and other Emergency Room policies were revised and updated.

Two new regional nursing positions were created to assist nurses in both the Souris and Montague areas. In the past the expertise and support of an infection control nurse and a clinical resource nurse were sought from the Queen Elizabeth Hospital and other areas.

Physiotherapy expanded their treatment service to include acupuncture by participating in advanced training in this treatment therapy. This method is a growing treatment of choice recognised for its effectiveness is alleviating pain.

The new Pictural Archiving Communication System (PACS) was implemented in the diagnostic imaging department. This system eliminates the need for "films" and records the image on computer. The image is immediately transferrable to radiologists in the Queen Elizabeth Hospital. This new technology becomes extremely beneficial in emergency situations.

Souris Hospital Statistics

Fiscal Year	2000-2001	2001-2002	2002-2003
Number of beds	17	17	17
Admissions	642	580	515
Patient days	5564	5049	5012
Per cent occupancy	89	81	80.8
Average length of stay (days)	8.7	8.7	9.7
Emergency Room visits	6304	5433	5625

Colville Manor

Role

Colville Manor is a 52-bed nursing home located in Souris. Twelve beds within the manor are dedicated as the Special Care Unit. This unit provides a suitable environment for individuals with Alzheimer's Disease and other dementia. There is one bed designated for respite/restorative care and the remaining 39 beds are for high-level, long-term care.

Services offered at the manor include nursing, medical, dental, activity/social, pastoral, day program, physiotherapy, occupational therapy, palliative, dietary assessment, volunteer visiting, hair care, laundry, housekeeping and maintenance.

Highlights

Colville Manor celebrated its 30th anniversary in May 2002. An afternoon of entertainment and reminiscing was enjoyed by family and friends of Colville Manor.

New initiatives designed to improve quality of care for residents and quality of work life for staff were piloted throughout the year. Changes were made related to meal times for staff, as well as nursing care improvements.

The Multi-Disciplinary Innovation Teamwork Committee meet on a regular basis. A full day session was held in February 2003. Goals for the upcoming year include effective use of "best practice" research in the provision of care in long-term care settings. Staff will also be addressing storage space requirements, and a process to formally recognize staff for innovation and teamwork.

The Special Care Committee adapted the "Enhancing Care" best practice model as a method to continually improve quality of care and quality of life for residents with Alzheimer's disease and related dementia.

Training was provided to staff in proper back care when supporting residents in transfers, lifts and repositioning. A formal policy related to proper lifting, transferring and repositioning residents to ensure safety was adopted by the manor.

Ceiling lifts in Colville Manor assist nursing staff in safely repositioning and lifting residents.

Each year Colville Manor must make necessary equipment purchases in order to meet the needs of residents. Purchases this year included adaptive equipment, new beds and mattresses, wheelchairs, aerosol machines, blood pressure machine, a ceiling lift for a four-bed ward, and a convection oven.

Resident Council is comprised of residents and family members who provide their insights and advice on processes and activities related to life within the facility. They play a large part in ensuring that the needs of all residents are met. The council meets on a regular basis. Changes and/or improvements are made in consultation with residents. Occasionally, guest speakers attend to provide education related to strengthening health

Colville Manor Statistics

Fiscal Year	2000-2001	2001-2002	2002-2003
Number of beds	52	52	52
Average daily census	48	48	51
Manor utilization rate	91%	94.5%	97.8%

Home Care and Support

Role

The Home Care and Support Program is designed to ensure residents can cope and adapt comfortably and safely in a home care setting. Residents may require the service following surgery, sudden or chronic physical or mental illness, or as a result of the natural aging process. Services include home care nursing, home support, palliative care, adult protection, dialysis, long-term-care placement, occupational therapy, and community support.

Highlights

The Home Care and Support Team participated in the implementation of the Integrated Services Management (ISM) Program. This new computer application allows for the tracking of all client information and service history. Staff members participated in training on the new program.

The PEI Health System developed a new Home Care Strategy for the province of Prince Edward Island to be implemented across the province in all regions. The strategy involves the expansion of service hours to include evening and weekends, expansion of palliative care services and the development of a day program in Souris to support clients who live in the community.

Dialysis is provided in the Dialysis Unit within the Souris Hospital. Kings and Queens Dialysis combined their service for the period of July 21 through to September 7, 2002. This was required to ensure nursing staff received their summer vacation. Clients traveled to Charlottetown for their treatment during this period. In the fall, service delivery returned to normal.

Occupational Therapy and Physiotherapy provided in-service training on transfers, lifts and repositioning. This training was provided for nursing staff of home care, acute care and the manor. Training sessions were provided in the community on infant stimulation, cerebral palsy and the occupational therapy service itself.

Home Support services continues to work with community groups like Meals on Wheels and the Home Equipment Loan Program. Colville Manor and the Souris Hospital dietary departments prepare approximately 18 to 20 meals per day, to be delivered by volunteers of the Meals on Wheels Program.

The Home Equipment Loan Program provides residents of Eastern Kings access to needed equipment for their homes. Equipment may include bathroom aids, walkers, wheelchairs, crutches, oxygen concentrators, hospital beds, or breast pumps. Money is collected through a rental fee and is used to repair and purchase new equipment.

Home Care and Support Statistics

Fiscal Year	2000-2001	2001-2002	2002-2003
Home care nursing caseload (average/mth)	77	60	65
Home support caseload (average/mth)	97	88	85
Palliative care clients	--	14	12
Adult protection clients	16	14	16
Placements	40	32	32

Family Health Centre – Souris

Family Health Centre

Role

Eastern Kings Family Health Centre has been functioning as a Primary Health Centre since July 2000. Staffing for the health centre consists of 4.0 full-time equivalent (FTE) physicians, 2.5 FTE medical secretaries, 1.0 FTE LPN, 2.6 FTE RN, and 1.0 FTE health centre coordinator. Other regional services that are also located in the health centre include Home Care and Support, Housing, Public Health Nursing, the Diabetes Program and a private dental practice. The health centre is located on the lower level of Souris Hospital allowing easy access to lab, X-ray, inpatient acute care, and emergency services.

The Family Health Centre in Souris offers a range of health services in one location.

Highlights

Physician recruitment is an ongoing challenge. In the fall of 2002 two of the four physician complement resigned. Several locum physicians were recruited to ensure that 24 hour emergency services were maintained at Souris Hospital. From January 2003 to March 2003, services were maintained with Dr. Wade Kean from New Brunswick and Dr. Adel Nakhla from Ontario providing locum coverage. Dr. Ambrose Kennedy and Dr. Steve O'Brien continued in their permanent practice. Regional staff, the community and the Department of Health and Social Services are working together to try and achieve full staffing complement for the health centre.

Plans are also underway to increase the Health Centre space by an additional 1,000 square feet. This space will be used to create additional and more appropriate rooms for patients, staff and physicians.

Over the past year there were 12 physicians offering services in the Family Health Centre.

Eastern Kings Family Health Centre Statistics

Activity	2002-2003
Number of patients	4,884
Number of patient visits	23,631
Number of well baby care patients	38
Number of patients receiving annual health exam	317

Public Health Nursing

Role

Public health nurses deliver programs which focus on health promotion and illness prevention. These include prenatal care and child health, school and preschool health, communicable disease control, health promotion and supervision. A staff of 3.0 FTE carry out these programs to residents of all ages in Eastern Kings (an increase of 0.2 FTE in February 2002 to begin a Best Start Program).

Highlights

Forty (60 per cent) babies and moms were assessed under the Cradle Program, an early maternal discharge program at the Queen Elizabeth Hospital, through which mothers and their newborns who have experienced a normal uncomplicated delivery are discharged at 48 hours. These mothers and babies are seen and assessed by a public health nurse on their first day at home. This service is offered seven-days-per-week where mothers and babies are assessed, receive teaching and support as well as referral to other services if necessary. The Cradle Program allows for earlier assessment, intervention and support to this group of clients. Families who have not been discharged early are also seen but not on the

first day at home. At the time of discharge from hospital, 62 per cent of mothers were breastfeeding. This is consistent with previous years.

Prenatal classes were offered to expectant parents three times in the past year with a total of 13 women and their partners receiving assessment and teaching, either individually or in group sessions.

Best Start is a three-year program that will guide and support the healthy development of parent-child relationships through active voluntary participation in an in-home setting. Public Health Nursing in Souris began the screening and assessment process for the Best Start Program in February 2003. Fourteen mothers participated in the Best Start Screening from the first of February to the end of March 2003. Three of these mothers completed the Best Start Assessment and were referred to the Best Start Program.

Communicable disease followup is an essential part of public health nursing programs. Public health nurses followed four cases of enteric infection (Camphylobacter), eight cases of MRSA (Methicillan Resistant Staphylococcus Aureus), and one case of pertussis over the past year.

As well, public health nurses followed 12 individuals as part of the post-cardiac program. These individuals were visited in their homes for assessment and referral to other services if necessary.

All the schools in the Eastern Kings area receive regular support from a public health nurse. Nurses act as a health resource for students and staff on various health issues and provide screening to detect problems with vision or hearing.

Public health nurses gave a number of public presentations over the past year to several groups in the area. Some of the topics covered included influenza vaccine, breastfeeding, communicable diseases, sun safety and insect repellant. Public health nurses also continue to act as a resource to the Family Resource Centre by giving presentations and serving on committees to plan community programs.

Healthy Communities in Action

Healthy Communities in Action continues to sustain health promotion working groups that are targeted at the risk factors of heart disease, i.e., nutrition, smoking, active living and stress. Data from the 1997 telephone survey (Eastern Kings Health Study) was used to determine the needed programs. A repeat telephone survey was done in April 2002 and the results will be used to provide ongoing health promotion programs.

Healthy Communities in Action offer health promotion activities that target heart disease risk factors.

Over the past year, the working groups accomplished the following:

- Screening/heart checks were carried out with 66 participants and referrals were made for eight blood pressure and 22 cholesterol followups.

- A Coping With Stress workshop was held with 12 attendees; and a flyer on coping with stress was mailed to 1,000 households during the Christmas season.

- Healthy Communities in Action partnered with several organizations such as the Town of Souris, the Heart and Stroke Foundation of PEI and the Active Living Alliance to carry out a Learn to Run clinic for 33 participants and to facilitate a Stepping Out program for 70 participants.

- Fourteen grocery store tours were held as well as a Heart Smart Cooking course for 10 participants.

The Primary Prevention Project continued with Public Health Nursing dedicating one day each week to working with the schools to promote healthy lifestyles. The project focuses on healthy nutrition, prevention of smoking, increased physical activity and reducing stress. The project also aims to increase public awareness of healthy lifestyles behaviours through use of the media.

Presentations were made to 158 kindergarten and Grade 1 and 2 students in the local schools. A number of booths were set up at the local mall to promote awareness of stroke and blood pressure, immunization, fetal alcohol syndrome and prenatal education.

Roots of Empathy is a classroom parenting program which teaches infant development, and fosters development of empathy. Once a month, Jacob, son of Scott and Lisa Bruce, joined the Grade 6 class. Facilitated by Beth MacDonald, a public health nurse and Roots of Empathy instructor, students observed the baby's growth and development.

Roots of Empathy Program helps Grade 6 students recognize/understand how others feel.

Public Health Nursing looks forward to continuing with these types of health promotion and education programs over the next year.

Public Health Nursing Statistics

Activity	2000-2001	2001-2002	2002-2003
Immunizations administered	1598	1374	1486
Cradle Program participants	34	30	40
Babies born in Kings Health Region (Souris)	54	63	66
Children seen at Child Health clinics	1201	941	1236
Health education sessions in schools (groups)	59	51	64
Hearing/vision assessments, health education sessions, and communicable disease inspections in schools	1536	2072	1972
Students screened/referred for vision problems	273/53	300/65	205/41
Students referred for hearing problems	151/24	105/11	84/7

Diabetes Program

The Diabetes Program for Kings Health Region was implemented in September 2002 with the hiring of permanent staff. A 1.0 FTE registered nurse and a 0.5 FTE dietician began seeing clients with diabetes in the fall of 2002. The program is offered two-days-per-week in Souris and three-days-per-week in Montague.

Role

Diabetes Program staff receive referrals and offer individual assessments and counselling for people with diabetes. This allows health management and followup for people living with diabetes. The Diabetes Program was the first program area to begin using the Integrated Services Management Program (ISM). This new computerized system allows tracking of client information and service history.

Diabetes Program Statistics

	Souris	Montague
Number of new referrals	38	61
Number of repeat referrals	17	85
Total referrals	55	146
Number of female referrals	18	71
Number of male referrals	37	75

Community Health Centre – Montague

Role

The Community Health Centre (CHC) is comprised of a team of health professionals supported by trained volunteers working together to provide improved services for the residents of the Kings Health Region.

Highlights

In this year of "new beginnings," the Community Health Centre has seen some changes. We have hired a health promotion nurse to enhance health promotion opportunities in the community. The role of our social worker became more clearly focused on working with families who are in need of additional supports. We are pleased to have one of our speech language pathologists return after a year of maternity to work with inpatients, and with our school-aged children.

This year staff of the Community Health Centre worked closely with the Department of Health and Social Services, and other partners, to develop a Healthy Living Strategy for Prince Edward Island in an effort to reduce or prevent chronic disease. We look forward to the implementation of the Healthy Living Strategy for Kings County over the coming years. The Healthy Living Strategy will enhance our efforts to increase activity levels, support healthy eating, and continue to decrease smoking rates within our community. Staff at the Community Health Centre were involved in providing the Lifestyle Awareness Program for staff and community in the fall and winter. This program will continue in the fall.

Public Health Nursing

The Public Health Nursing Program has been planning a move to more primary nursing. This change will mean that all new parents will be seen by the same nurse, as much as possible, from birth to entry into grade one, and during their school years. Continuity of care will allow our nurses to build the necessary trust and relationships with parents to provide them with the support they need in the care and nurturing of their children. We will be evaluating this change in practice over the coming year, by asking parents for their feedback to ensure the program is meeting the needs of families.

In March 2003, Public Health Nursing, in partnership with Carousel Family Resource Centre, implemented the Best Start Program. The program provides support for families with newborns for the first three years of the child's life. As of June 10, 2003, we had completed eight assessments which resulted in seven referrals to the Best Start Program.

Public Health Nursing completed 156 four-year-old assessments, with the average age of assessment at 4.5 years.

Public Health Nursing Statistics

Fiscal Year	2000-2001	2001-2002	2002-2003
Number of babies born	138	147	103
Number of baby visits	336	242	237
Number of Best Start clients	—	—	2
Number of prenatal clients	31	30	24

Preschool Assessment Team

The Preschool Assessment Team (PAT) assesses children who are suspected of having a developmental delay in two or more areas. It is important to identify delays in development early, in order to ensure each child receives the supports they need to improve their health outcomes. A child assessed by the team may

require additional skills and support in speech language development, fine motor skills or behavioural intervention. This year the team has completed 16 new assessments and 21 reviews.

PAT worked with staff in Medical Records to implement a dictation system for April 1, 2003. The dictation system has reduced the turn-around time on reports required by parents, pediatricians and others. In March 2003, the preschool support coordinator, who is also a member of the PAT, met with Eastern School District staff to arrange assistance for 16 of the preschoolers of her caseload to make the transition to school in the fall of 2003. This Pre-School Assessment Team also has been involved in helping to set up a Preschool Assessment Team in Souris. Parent satisfaction rates for the Preschool Assessment Program was 100 per cent.

Nutritionists and Dieticians

Nutritionists and dieticians from Kings Health Region have led the way in the planning process as a result of amalgamation. They developed an inventory of their programs and worked together in the delivery of nutrition information to the community. The province launched the Healthy Eating and Active Living for Children – a Parents Guide, and released the results of the PEI Nutrition Survey. This information, as well as the Healthy Living Strategy will assist Nutrition Services planning in upcoming years.

Physiotherapy

Physiotherapy services have worked to reduce the average wait time for access to service from 6.5 weeks to 5.2 weeks. This represents a 20 per cent decrease. On average, 30 new referrals are received each month. This is an increase from last year's 27 referrals per month. Physiotherapy has completed, on average, 23 new assessments each month for outpatients and inpatients during the year.

Physiotherapy provides treatment or pain relief from injury and restores mobility.

Occupational Therapy

Demand for occupational therapy services continues to challenge us. This year, we hired an additional occupational therapist to work with inpatients one day each week (20 per cent position). This therapist began a maternity leave in the spring. Unfortunately, a shortage of occupational therapists on Prince Edward Island has meant that we were not able to temporarily fill the position.

Speech Language Pathology

The demand for Speech Language Pathology services continues to grow. We have been fortunate to have a speech language pathologist return from maternity leave in November 2002. This part-time speech language pathologist received five referrals to follow patients while in hospital, and received 36 school-aged referrals for followup. This fiscal year 67 new preschool referrals were received by the program, and the active caseload for the fiscal year consisted of 107 preschool children.

Mental Health and Addiction Services

Role

Mental Health and Addiction Services provide services across both core program areas including: mental health therapy, mental health long term followup, psychiatric services, community outreach, psychological assessment, outpatient detoxification and withdrawal management, tobacco dependency cessation, adult and adolescent rehabilitation and family programs. Focus is placed on enhancing services to concurrent disorders (both mental health and addiction issues) through a best practice approach.

The Smoking Cessation Program supports clients of all ages.

Highlights

The past year has brought tremendous change to these program areas. In an effort to focus on common clients and their needs, these two program areas were brought together under a single administrative structure. This change is based on research which indicates that many clients who struggle with mental health issues also have addiction issues and vice versa. The move to integrate these programs is based on what is being referred to nationally and internationally as best practice evidence. Best practice evidence is grounded in research and clinical experience. While traditionally, mental health and addictions programs operated separate from each other, this integration allows for an enhanced focus on client needs.

Staff from both programs are now working primarily from combined sites at Douses Road in Montague and from the Breakwater Wellness Centre in Souris. Due to space issues, three mental health staff remain at Kings County Memorial Hospital.

In July 2002, an announcement was made by Premier Pat Binns that the Souris site for Mental Health and Addiction Services would be moved to a new annex building on the grounds of the Souris Hospital. While staff will missthe building now housing the Breakwater Wellness Centre, the move will provide better proximity to other service providers. It will also offer a more modern and safe environment.

As part of the provincial Mental Health Strategy three new positions were created – two mental health support workers and one intake worker. The mental health support workers will do community outreach for seriously and persistently mentally ill clients. The goal of this work is to maintain clients in the community or to allow for earlier discharge when hospitalization has been needed. The intake position will provide for combined initial assessment across mental health and addictions programs.

Addiction Services Statistics

	Souris		Montague	
Fiscal Year	2001-2002	2002-2003	2001-2002	2002-2003
Withdrawal management clients	54	22	102	104
Tobacco dependency clients	102	74	151	134
Pathways program clients	—	28	—	20
One-on-one counselling:				
Rehabilitation services	--	114	--	194
Family services	--	68	--	164
Youth services	--	70	--	186

Child, Youth and Family – Montague

Child Protection Team

Role

The Child Protection Team is responsible for service delivery in the areas of child protection, foster care, one-on-one child/youth programming, services to children in foster care, and home helper services.

Highlights

This year has been very exciting in the field of child welfare services due to the preparation and implementation of the new *Child Protection Act*. The process for new legislation began several years ago, however, this past year focused on the nuts and bolts of the legislation, and the actual mechanics of the program for workers in the field. The new child protection legislation is attempting to refocus service delivery to more clearly define what constitutes when a child is "in need of protection." In previous legislation, the emphasis has always considered what is in the "families' best interest." The new act ensures that practitioners and the child protection system focus on the best interests of the child. This clarity is key to the child protection practitioner. The new legislation also requires that ongoing involvement by the Child Protection Team will be child-focused, time-framed and goal-directed.

Amalgamation of the two health regions, Eastern Kings Health Region and Southern Kings Health Region, into the new Kings Health Region will provide us with benefit over time. Although we will continue to maintain two office locations, we will be able to share resources and training opportunities.

Early in the new fiscal year, the Child Protection Team will begin training in a computer system called Integrated Services Management System (ISM). This system will assist us in automating client information and service history. The Child Protection Team has certainly experienced its share of "new beginnings" over the past year, and service will continue to evolve over the coming year. The commitment and dedication of the Child Protection Team will ensure that our community's children will continue to be healthy and safe.

Child Protection Statistics–Montague Office

Fiscal Year	2000-2001	2001-2002	2002-2003
Child protection referrals	118	135	128
Average number of children in care	23	30	31
Foster care homes	16	30	22
Adoption intakes	0	5	9
Children waiting to be adopted	0	6	6
Children adopted	0	1	4

Social Assistance Team

Role

The Social Assistance Team is responsible for the delivery of the Social Assistance Program. This is a financial support program for individuals who are unable to provide basic necessities for themselves and their family (i.e., food, clothing, shelter), or do not have the ability to meet special emergency needs. In carrying out this role, the team strives to assist clients in reaching a higher level of independence.

Highlights

The Social Assistance Team has been involved in preparing for implementation of the new (ISM) computer application. They have worked closely with the technology team to ensure that this new application will work properly, and that client financial assistance will not experience any negative impact.

Project Discovery partnered with Kings Health Region to deliver a 16 week Youth Parenting/Employment Program for 12 young mothers who were on social assistance. The parent support worker delivered 16 half-day sessions on parenting skills in partnership with Carousel Family Resource Centre. In addition, the worker gave support to young parents in the community to increase healthy outcomes for themselves and their children by helping them increase their skills in parenting, budgeting, problem solving and making healthy lifestyle choices.

The Kings Health Literacy Enhancement program received over 50 referrals during the last fiscal year. Referrals are primarily from the Holland College Adult Basic Education (ABE), Kingswood Centre, youth in the community between the ages of eight and 18, and financial assistance services.

Incoming student literacy skill levels ranged from the Grade 1to the Grade 10 level. Some achieved great success with increases of one or two grade levels after just a few months of training; others increased their self confidence and literacy skills enough to attempt the GED practice and pretest.

In order to promote literacy within the community, several Literacy Enhancement students agreed to be interviewed and photographed for the Eastern Graphic's Placemat Project – a business advertisement placemat that appears on the tables of local eateries.

Clients and their families continue to express appreciation for support offered by the Literacy Enhancement program. Their comments and thank you cards include statements about the program, as well as its positive and skilled presentation.

The Day Care Subsidy program continues to support low income parents' access to employment opportunities. The program assists financially eligible parents with the cost of licensed child care. The Day Care Subsidy enables families to seek and gain employment while their children benefit from attending local day care centres.

Financial Assistance Statistical Information

Fiscal Year	2000-2001	2001-2002	2002-2003
Average monthly caseload	394	379	360
Financial assistance monthly expenditure	$188,142	$186,005	$169,541
Average monthly cost/case	$478	$490	$470
Day care program expenditures	$375,703	$309,026	$315,394

Job Creation and Employment Enhancement Programs

Role

The Job Creation Program (JCP) is a program that comes under the umbrella of Employment Enhancement (EE) services. The JCP matches clients and employers and provides a wage subsidy, while EE improves the employability and job-readiness skills of clients.

Highlights

Once again these programs have resulted in increases in levels of independence for clients and reduced social assistance caseload. Our job creation and employment enhancement teams are in their fifth year of being located at the Human Resources Development Canada office. This allows staff to advocate regarding job opportunities, skills development and other HRDC programs; keep current on employment insurance issues; and share information with their federal counterparts. As a result, we are able to provide clients and co-workers with up-to-date information, and work in partnership with HRDC staff to develop programming. One such example is Employment Pathways, a contracted service in both Montague and Souris. This program is funded under the PEI Labour Market Development Agreement (an agreement co-managed by Human Resources Development Canada and the Prince Edward Island Department of Development and Technology.)

The program promotes employability and employment maintenance for participants who experience multiple barriers to employment – i.e., limited education, personal and/or health issues, literacy skills, poor employability skills

Participants may be anyone in the health region who has multiple employment barriers and requires skill development and support to re-enter the workforce.

Employment Enhancement/Job Creation Statistics

Fiscal Year	2000-01	2001-02	2002/03
Number of placements	145	126	110
Total expenditure	$196,469	$214,153	$194,412

Disability Support Program

Role

The Disability Support Program is a client-centered social program that has a financial component. The program is for people up to the age of 64 who have a physical, intellectual or neurological disability. Individuals with a mental illness may be eligible for employment and vocational supports.

Three types of support are available under the Disability Support Program:

1) Child Disability Supports assists families with extraordinary needs directly related to their child's disability.

2) Adult Disability Supports assists people, with qualifying disabilities, reach a higher level of independence.

3) Employment and Vocational Supports assists people with disabilities to gain competitive, long-term or supported employment. These supports may include assessment, training, skills development, pre-employment support and disability-specific job supports.

The Disability Support Program supports clients with disabilities in reaching a higher level of independence.

Highlights

October, 2002 was the one year anniversary of this program. Disability Support workers have continued to work with people with qualifying disabilities toward their goals to become as independent as possible, and to attain a satisfactory quality of life. The Disability Support program was highlighted this year on an episode of Island Focus.

Disability Support Program Statistics

Fiscal Year	2001-2002	2002-2003
Average monthly caseload	--	93
Monthly expenditure	--	$36,732
Average monthly cost/ case	--	$395
Total expenditure	**$43,328	$440,793

**Program Dates: October 1, 2002 to March 31,2003

Child and Family Services – Souris

Child Welfare Team

Role

The Child Welfare Team is responsible for service delivery in the areas of child protection, children-in-care, foster care, one-on-one/youth program, and family service work.

Highlights

This past year has seen significant changes in trends within this part of the Kings Health Region. Social workers have been able to effectively case plan for children in care so that they could achieve permanence, either within their families of origin, or with an adoptive family. As a result, the number of children in care has been reduced considerably. Staff have spent considerable time and energy preparing new processes and procedures to ensure compliance with the new *Child Protection Act*.

The number of referrals for child protection referrals has risen substantially from previous years. This would indicate that the community is responding to their obligation to report any concern of child abuse and neglect.

The makeup of our Child Welfare Team is also changing. Three social workers do a mixture of resource and child protection work, and now we have an outreach worker to work with families as a preventative measure. Involvement with the outreach service is voluntary. Those seeking support contact Child and Family Services to request services. Parents may be offered counselling services to address their parenting concerns. Individual and marital issues may also be addressed, all

with a view to assisting parents in enhancing their individual and teamwork parenting skills. Parenting groups will also be offered. Services to children may involve individual counselling, group counselling and the services of a youth worker and/or family service worker. So far response to this service has been positive. We continue to seek out new foster homes to supplement the good homes already supported by our service. Foster care is an essential component of an effective child welfare team.

Child Protection Statistics

Fiscal Year	2001-2002	2002-2003
Child protection referrals	69	140
Average number of children in care	10	7
Foster care homes	7	5
Adoption intakes	0	1
Children waiting to be adopted	0	0
Children adopted	1	3

Social Assistance Program

Role

The Social Assistance Program is a financial program for individuals and families who are not able to provide the basic necessities for themselves and their families, or meet special emergency situations of need. Social Assistance Program staff complete a client financial assessment and they also work with the client to develop a service plan that is appropriate for that individual. This may include referrals to other agencies.

Highlights

Social Assistance Program staff from all regions of the province recognized the importance of having a Belief Statement to guide them in their work with clients. A committee, with representation from each region, was formed to develop the

Social Assistance Program Belief Statement. Minister Ballem announced the adoption of this belief statement in the Legislative Assembly on December 18, 2002.

Our team has given several presentations over the past year to various community groups. This has provided staff with an excellent opportunity to describe our service, answer questions, discuss referral processes to other service providers, and community members.

Team members continue to be involved in initiatives such as the Women's Abuse Protocol, Eastern Kings Committee for Peaceful Families, and Tillie House. Tillie House is an emergency apartment that has been set up to provide short-term accommodations for families who meet certain eligibility criteria.

Social Assistance Statistics

Fiscal Year	2000-2001	2001-2002	2002-2003
Average monthly caseload	180	160	160
Monthly expenditure	$90,430	$82,395	$78,838
Average monthly cost per case	$541	$512	$494

Disability Support Program

Role

The Disability Support Program is a social program with a financial component. The program offers support and planning assistance to help clients develop a plan of action and to help determine supports that are necessary. The program may also provide referrals to other agencies where complementary services may be obtained. The program is for persons up to age 64 who have a physical, intellectual or neurological disability.

The three types of supports available under the Disability Support Program are: 1) child disability supports; 2) adult disability supports; and 3) employment and vocational supports.

Highlights

The Disability Support Program (DSP) staff have met with some community groups to promote awareness of this new program. One of our DSP workers represented the region on the provincial DSP Performance Development Committee. Planned workshops are designed to provide ongoing training and information on topics or issues identified by DSP staff. Community organizations like Joy Riders, Camp Gencheff, Voice Recognition Technology, Helping Hands, Primary Care Consultants and Special Olympics were invited to provide information to increase staff awareness of the services they offer.

Disability Support Program Statistics

Fiscal Year	2002-2003
Average monthly caseload	52
Monthly expenditure	$16,773
Average monthly cost per case	$337

Day Care Subsidy Program

The Day Care Subsidy Program provides help with the cost of licensed child care to parents. The amount of subsidy available for a family is determined by a sliding scale fee based on the size of the family and the family's net monthly income. The number of families that we were able to assist increased significantly over the past year. Several factors contribute to this increase, such as, more employment opportunities available to parents and more awareness in the community of the program itself.

Day Care Subsidy Statistics

Fiscal Year	2000-2001	2001-2002	2002-2003
Average monthly caseload	49	45	52
Total expenditure	$88,685	$100,732	$123,742

Employment Enhancement and Job Creation Programs

Role

The Employment Enhancement (EE) program improves the employability and job readiness of our clients. The Job Creation Program (JCP) is a program under the umbrella of EE services and matches clients and employers while providing a wage subsidy.

Our EE and JCP services are co-located within the Human Resources Development Canada office in Souris. This allows staff to advocate for clients regarding job opportunities, skills development programs and other HRDC programs. Co-location ensures our clients and co-workers receive upto-date information and are able to work together in the best interest of our clients.

This partnership also facilitates our work with HRDC staff to develop programming for our clients such as the partnership this year between the Employment Enhancement Program in Souris, HRDC and Harmony Training. A program was established for youth between the ages 15 and 30 to provide an opportunity to learn employability skills, career development and job search skills as well as receive valuable work experience.

Another example of such partnership would be our Employment Pathways Program. This past fiscal year has seen Kings Health Region enter into a second year-long Employment Pathways Program. This program is funded under the Prince Edward Island Labour Market Development Agreement (an agreement co-managed by Human Resource Development Canada (HRDC) and the Prince Edward Island Department of Development and Technology).

Employment Pathways provides skill development and employment supports to clients re-entering the job market.

Eighty-two clients from Souris and Montague took part in the Employment Pathways Program this year. A proposal has been submitted to HRDC and approved for a third year of funding for this project.

Job Creation Statistics

Fiscal Year	2000-2001	2001-2002	2002-2003
Number of placements	80	81	61
Total expenditure	$118,420	$133,699	$136,889

Literacy Enhancement Program

For the fourth year, the Employment Enhancement Program in Souris partnered with the Prince Edward Island Institute of Adult and Community Education Inc. to provide a year-round Autoskills Literacy Program at the Holland College Centre in Souris. The instructor worked with 17 adults, 15 school age children and two teens this year.

Preschool Assessment Team

The Preschool Assessment Team (PAT) assesses children who are suspected to have a developmental delay in two or more areas. The key to successful outcomes for a child with developmental delays is early intervention. In January 2003, the Souris office began organizing its own Preschool Assessment Team. We have been accepting referrals, developing an assessment schedule, and organizing the key components required for the assessments to take place. Part of the work that had to be completed in preparation for combined assessments was making the assessment room child friendly. Thanks to the very generous support of the Eastern Kings Health Foundation we were able to purchase colourful, child-sized, furniture and a play mat for the assessment room.

We are scheduling one assessment day per month, except during July and August when we do not complete assessments. Referrals have come from pediatricians, Child and Family Services and Public Health Nursing. We are preparing to do some public information sessions about PAT in Souris to encourage referral

sources to refer at an early age. This will allow the appropriate supports to be put in place to achieve positive outcomes for the child.

Speech Services

We have a full-time speech language pathologist who provides speech services in the Souris area. Although the primary focus is on intervention with preschoolers, school age children and adults also received services this year. Demand for services in this area continues to be great with increased awareness of the importance of early language development.

Nutrition Services

Nutrition advice assists clients in adjusting their diet to improve their health.

Dietitians with the Kings Health Region continue to provide quality nutrition advice, meeting the needs and requests of Kings County. The amalgamation of the Eastern Kings Health Region and Southern Kings Health Region presented an opportunity for the establishment of the Kings Health Region Nutrition Group. This group will work collaboratively to ensure consistency across the region and to avoid duplication of services where appropriate.

Dietitians continue to participate in heart health checks for community groups and employment groups; grocery store tours; prenatal classes; Heart Healthy Eating classes; and have also undertaken a major supportive role as mentors for dietetic interns from UPEI and other programs. Last summer four interns came to Souris for dietetic rotations. Kings Health Region dietitians also made a significant contribution to provincial initiatives through their involvement with the Healthy Eating Alliance and the development of the Healthy Living Strategy.

Other recent initiatives over the past year include a fruit and vegetable promotion for children in Grade 1 to Grade 4, an evaluation/survey of the Nutrition for

Learning snack program, and a partnership with the Speech Language Pathology program to conduct swallowing assessments.

Nutrition Services in the Souris office completed a client satisfaction survey. The survey achieved a 78 per cent response rate, with an overall 96.9 per cent of clients indicating satisfaction with the service they received during their visit to the dietitian.

This year Nutrition Services will continue to look for innovative ways to meet the health needs of the community, and will develop programs promoting the importance of healthy eating for the management and prevention of health problems for all ages.

Nutrition Services Statistics

Fiscal Year	2000-2001	2001-2002	2002-2003
Child and Family Services referrals	39	32	37
Regional referrals	268	226	233
Total nutrition referrals	307	258	270

Housing Services

Regional housing staff are responsible for the administration, maintenance and rental of Seniors' Housing Program units, as well as provide consultative services to the Family Housing Program.

Seniors Housing Program

Role

The Seniors Housing Program is intended to provide quality apartment style housing for low-to-moderate-income clients. The program offers self-contained units for seniors on a rent to income scale.

Seniors often find it increasingly difficult to maintain their own homes as time passes due to the rigours of day-to-day upkeep and financial constraints of a fixed income. The region offers 253 seniors housing units, three of which are garden suites. Garden suites are one-bedroom units located on the property of a host family, usually a relative. Most of the seniors units are one-bedroom apartments which have a livingroom, kitchen, bathroom and storage areas. A limited number of two-bedroom units and bachelor units are available, along with some units specifically designed for handicapped tenants. During the fiscal year Kings Health Region processed 57 applications to the Seniors Housing Program and filled 35 vacancies.

Helping Hands for Seniors

In conjunction with the provincial Jobs for Youth Strategy, Helping Hands for Seniors is a project to assist senior homeowners in undertaking work around the house with the aid of students. The students provide assistance with jobs such as yard cleanups, minor repairs, and minor painting jobs. The homeowners supply

the tools, materials, and supervision. Students provide labour free of charge to the senior homeowners. This year, the Helping Hands for Seniors Program received 25 applications, of which 22 received assistance and three resulted in cancellation.

Family Housing

The Kings Health Region has three family housing boards—one in Georgetown, one in Montague and one in Souris. The Georgetown Family Housing Board is responsible for 27 units, while the Montague and Souris boards are responsible for 62 and 36 units respectively. Sixty-four initial interviews of applicants for family housing were processed this year in the region.

Community Care Facilities

All community care facilities are required to have their licences renewed on an annual basis. As part of the process, our division is responsible to carry out an inspection of each facility each year. There are currently eight facilities in the Kings Health Region.

Social Housing, Rural Housing and Rural Community Housing

The Kings Health Region maintains seven rental units that serve social housing, rural housing and rural community housing requirements. We are responsible for the administration, renting and maintenance of these units.

"New Beginnings"

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